



AMUSEMENTS APPLICATION FOR COIN MACHINE PERMIT

(Please print)	(Please do not write in this square)	(Please do not write in this square)
Name _____	Permit Number _____	Filed _____
Business Address _____	Amount Paid _____	Reported to Council _____
Nature of Business _____	Date Paid _____	Granted _____
Specific location to be licensed _____		Denied _____

Mauston, Wisconsin, _____
(Insert today's date)

To the City Clerk of the City of Mauston, Wisconsin:

(I) (We) hereby apply for a permit/s for a coin-operated machine/s to be effective from July 1, _____ to June 30, _____ (unless sooner revoked).

(Answer all of the following questions completely)

Do you own your own machines? _____

Name of owner of machines _____

Names and number of machines on premises _____

Are you a citizen of the United States? _____

How long have you been a resident of the City of Mauston immediately preceding the filing of this application? _____

Do you have a police record? _____

If so, what are the facts? _____

If a Corporation or Association, give full name _____

Signature

Print person's name to be licensee holder